V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12791	
1. PLACE OF DEATH	107-5	
County Campine	Registration Dist. No. 6/	
Village or City Anua fur '	NoSt.,Wa	ird
Length of residence in city or town where death occurredyrs7_mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?	ds.
2. FULL NAME Edgar & Brahafo.	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Normale Normale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cleuba 25 , 193 7 (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from the 29 1007 to the 20 100 100 100 100 100 100 100 100 100	om
6. DATE OF BIRTH (month, day, end year) May 9, 1937	I last saw h man alive on Alic 20, 190 / ; death is sa	A.
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 Am.	aiu
7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	_
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Day of one	
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Brucho l'neumonia . 16.19	3/
10. Date deceased last worked et this occupation (month and year)		
12. BIRTHPLACE (city or town)	Dther Contributory Causes of Importance:	
(State or country) Ind	amystoma Congenta Buth	
13. NAME Edgar Brishup ,		
13. NAME Edgar Bricherfo (14. BIRTHPLACE (city or town) (State or country) Mary Land	Name of operation	
15. MAIDEN NAME May V. Pareding.	What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME May, V. Streeting, 16. BIRTHPLACE (city or town) (State or country) Mod	Accident, suicide, or homicide?, 19, 19, 19	
17. INFORMANT W. Eglgar Bishup, , (Address) Literatury that,	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL. PIECE THE Delive Dul . Date Sec 22 , 1937	Manner of injury	
19. UNDERTAKER R. B. Kawlings (Address) Leurs toro Fred.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Dec 12, 1837 Li Man Pippin	(Signed) S auf L with M. (Address) Switch M.	. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

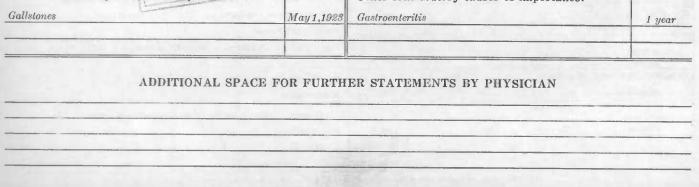
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year



1. PLACE OF DEATH County Caronic		(86)	Registration Dist. No.	65
Village or City Rear D	estare	No.	St.,	Ward
Length of rasidence in city or town where death			institution, give its NAME instead of street a S. If of foreign birth?yrs	
2. FULL NAME auge 2/is	auren Bla	0	eran, specify WAR	
(a) Residence: No.	1100 Plan	St Ward.		
	(Usual place of abode)		If nonresident give city or town	and State
PERSONAL AND STATISTICA	L PARTICULARS		L CERTIFICATE OF DEATH	1
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEA	(Month) (Day)	, 193. (Yeer)
5a. If married, widowed, or divorced HOSBAND of Olivery Bl	soles!	22. IHERE		led deceased from
6. DATE OF BIRTH (month, day, and year)	M 3, 1868	I last saw h alive	on New 1 , 193	; death is sai
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the dat The PRINCIPAL CAUSE OF were as follows:	a stated above, atm. DEATH and related causas of importance	1
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Came -	Cerebi	al Heumbage	Date of onse
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occuration (month and		Fell lecause of	0	Il sugar
10. Data deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation	Other Contributory Causes	Cell on floor.	
12. BIRTHPLACE (city or town)				
(State or country) Cuarty	aylor		premone fall.	no 25
13. NAME Fruit 14. 14. BIRTHPLACE (city or town) (State or country) Luar	Slavel	Neme of oparation	Date of Sis? Was there	
15. MAIDEN NAME Sally and	Will		nal causes (VIOLENCE) fili in elso the follo	
15. MAIDEN NAME Nally aud 16. BIRTHPLACE (city or town) (State or country)	lawor	Accident, suicida, or homicion	de? Oscident. Date of injury	
17. INFORMANT Law Jim S (Address)	Taylor		(Specify city or town, county and rred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Vellicon Cellicon	ate / Del. 4", 1937	Manner of Injury _ Gcc.		
19. UNDERTAKER Le Juigel	Europa.	24. Was disease or injury in	any wey related to occupation of deceased?	no
20. FILED Nec. 4, 1937 Mrs	. D. D. Berge	(Signed)	foul mon) and M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
		1 1
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		()
	July 5,1927	Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

12793

1. PLA	CE OF DEA	тн			<u> </u>	
Cour	nty Carol	ine			Registration Dist. No. 64	
Villa	ge or City	Federa:	lsburg		No	Ward
Leng	th of residence in c	ity or town where o	leeth occurred	O T vrsmos.	death occurred in a hospital or institution, give its NAME instead of street and rds. How long In U.S. If of foreign birth?mrsme	iumber)
		Joseph S			If U. S. Veteran, specify WAR	
(a)	Nesidelice. No		(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
		ID STATIST			MEDICAL CERTIFICATE OF DEATH	
Male		hite	OR DIYORCE	RfED, WfDOWED, D (write the word) 1 e d	21. DATE OF DEATH December 30 (Month) (Dey)	, 193 <u>7</u> (Yeer)
5a. If merrie HUSBA (or) W	d, w ⁱ dowed, or div ND of IFE of		E. Brad	iley	22. HEREBY CERTIFY, That I attended	deceased from
6. DATE OF	BIRTH (month, da	v. and year) N	ovember	28,1869	13/3/127	; deeth is said
7. AGE	Years	Months	Deys	If LESS than	to have occurred on the dete steted above, at 8:15 mg . m .	
	68	1	2	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
9, Indu	kind of work done SAWYER, BOOKKE ustry or business I work was done, es SAW MILL, BANK, e decessed lest wo this occupation (my year) LACE (city or town) te or country)	n which SILK MILL, etc	Stored Stored Stored Spanor October 11. Total Spanor October 12. Spano	ime (yeers) ntin this 16 upetion 16	Other Contributory Causes of Importance:	1933 1933 1935
₩ 13. NAN	ME Se	vern Bra				
	THPLACE (city or t (State or country)	own) Dorch	hester (aryland	County	Neme of operation Date of Whet test confirmed diagnosis? Wes there an a	
을 15. MAI	OEN NAME		heatle:		23. If deeth was due to externel causes (VIOLENCE) fill in also the following	
15. MAI 16. BIR	THPLACE (city or t (Stete or country)	own) Dor	chester aryland	County	Accident, sulcide, or homicide? Date of injury Where did injury occur?	
17. INFORM		. Martha			(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
	cremation, or Laurel		Oete Jai	1. 2 ,19 38	Menner of Injury	
19. UNOERT	AKER Ted	J. Frameralsbu	ntom & :	Son yland	24. Was disease or injury In any wey releted to occupetion of deceesed?	W.
20. FILEO.	Dec. 31.	1937 5	S. Fran	retom.	(Signed) Rederation,	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year
			Miller Mc

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING B.—WRITE PLANTLY, WIL

	MARYLAND-	CERTIFICATE OF DEATH	12/94
1. PLACE OF DEATH			
County Caroline		Registration Dist. No. 64	/
Village or City Near Fra	V	NoSt,St,St death occurred in a hospital or institution, give its NAME instead of street an	
Length of residence in city or town where deeth	0 10	ds. How long in U.S. II of foreign birth?yrs	
2. FULL NAME	Time (quarter) !	Summer U.S. Veteran, specify WAR	
(a) Residence: No. Jedenae	(Usual place of abode)	9. St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female Colored	OR DIVORCED (write the word)	(Month) (Day)	, 193
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	ant	22. I HEREBY CERTIFY, That I attended	
	c. 29 1937	l lest saw helive on	
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months	Devs II LESS than	to heve occurred on the date stated above, et	; deetn is sei
Stierton -	1 dey,hrs.		Data of onse
8. Trade, profession, or perticuler kind of work done, as SPINNER,	Int. +		
kind ol work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
work was done, es SILK MILL, SAW MILL, BANK, etc.		Me-wature,	
10. Dete deceesed last worked at this occupetion (month and yeer)	11. Total time (years) spant in this occupetion		
12. BIRTHPLACE (city or town) Mean 5	Federaldurang	Other Contributory Canoco of Importance:	
(State or country)	haryland t		
II 13. NAME David que	aille		
14. BIRTHPLACE (city or town)	line County	Name of operation Oate of	
(Stete or country)	nd.	Whet test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME	Burmera	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the follow	/ing:
15. MAIDEN NAME	line County	Accident, suicide, or homicide? Dete of injury	, 19
∑ (Stete or country)	Md.	Where did injury occur? (Specify city or town, county and S	State)
17. INFORMANT Sand U. (Address) Federalson	Curtis Ma. R.7D.	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	
18/BURIAL, CREMATION, OR REMOVAL	,	Menner of Injury	
n. Place Federale bus Med.	Oate Lec. 29, 1937	Neture of Injury	
19. UNDERTAKER for from (Address)	ptom - Son	24. Wes disease or injury in any way releted to occupation of deceased?	
20, FILED LORG. 29, 1937 5.	5. Framktom Registrar.	O+ O :-	trar. m.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1938			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

N. B.-WRITE

V. S. No. 1

TION

D. Every item of infor-

County Called Registration Dist. No. Village or City Cear County (If death occurred in a hospital or institution, give its NAME instead of street and numb. Length of rasidence In city or town whera dash occurred	STATE OF MARYLAND	-CERTIFICATE OF DEATH
Village or City Learn Service	1. PLACE OF DEATH	131
(If death occurred in a hospital or institution, give its NAME instead of street and number and the courred process of the control of the country of the cou	county cardluct	Registration Dist. No. 62
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX		(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word) 58. If marriad, widowed, or divorced HUSBAND of (var) into to the word (var) into to to the date stated above, et. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done; as SILK MILL, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done; as SILK MILL, SAWYER, BOOKKEPER, atc. 10. Date deceased last worked at this occupation months and year) SAWYER, BOOKKEPER, atc. 11. Total time (years) Spent in this occupation months and year) 12. BIRTHPLACE (city or town) (State or country) Was there an autopts 13. MANE 14. BIRTHPLACE (city or town) (State or country) Where did Injury occur? CSpecify city or town, county and State)	Length of rasidenca In city or town whera daath occurradyrs	mosds. How long in U.S. if of foraign birth?yrsmosds
PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OR RACE S. SINGE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If marriad, widowed, or divorced HUSBAND of Grant Months Or Mile or Month, day, and year) S. DATE OF BIRTH (month, day, and year) J. Days If LESS than 1 day, hrs. or min. S. Trade, profession, or particular kind of work done, as SPINNER kind of work done, as SPINNER kind of work was done, as SINNER SPINNER SWYER, BOOKKEPER, atc. J. J	2. FULL NAMELERS Sucurie lead	Lisau If U. S. Veteran, specify WAR
3. SEX	(Usual place of abode)	If nonresident give city or town and State
So. If marriad, widowed, or divorced HUSBAND of Gory Mire of Gory Months Gory Months Days If LESS than I day, and year of Gory Months Days If LESS than I day, a live on Gory Months of Gory		
HUSBAND of Contributory Causes of importance: AGE Vaers Months Days If LESS than I day,	I OR DIVORCED (write the word)	Dec. 237 1937
7. AGE Yaers Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spent in this occupation (month and year) 10. Date deceased last worked at this occupation (state or country) 11. Total time (years) spent in this occupation (state or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city of town) Whet test confirmed diegnosis? Was thera an autops (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. Maioen Name of operation (State or country) 18. Maioen Name of operation (State or country) 19. Maioen Name of operation (State or country) 19. Maioen Name of operation (State or country) 10. BIRTHPLACE (city or town) (State or country) 11. Maioen Name of operation (State or country) 12. Maioen Name of operation (State or country) 13. Maioen Name of operation (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. Maioen Name of operation (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. Maioen Name of operation (State or country) 18. Maioen Name of operation (State or country) 19. Mai	HUSBAND of	221 HEREBY CERTIEY. That I attended deceased from
Second Part	6. DATE OF BIRTH (month, day, and year) Seef- 13 1-186	6 Hast saw har aliva on Qe 23 137; death is selven
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOK KEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city of town) (State or country) 15. MAIOEN NAMP 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State)	72 3 (1) 1 day,	The PRINCIPAL CAUSE OF DEATH end related causas of importance
year) Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city of town) (State or country) Name of operation (State or country) Whet test confirmed diagnosis? Was there are autops 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of Injury (State or country) Where did injury occur? (Specify city or town, country and State)	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc.	Melangali Owers - Oate of onset
year) Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city of town) (State or country) Name of operation (State or country) Whet test confirmed diagnosis? Was there are autops 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of Injury (State or country) Where did injury occur? (Specify city or town, country and State)	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city of town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State)		
(State or country) 13. NAME 14. BIRTHPLACE (city of town)	12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
Whet test confirmed diegnosis? Was there are autops 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) Whet test confirmed diegnosis? Was there are autops 23. If daath wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of Injury Where did Injury occur? (Specify city or town, country and State)		
Whet test confirmed diegnosis? Was there are autops 15. MAIOEN NAM 16. BIRTHPLACE (city or town) (State or country) Whet test confirmed diegnosis? Was there are autops 23. If daath wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of Injury Where did Injury occur? (Specify city or town, county and State)	13. NAME Lust. Leveis	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 23. If daath wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State)	14. BIRTHPLACE (city of town) (State or country)	
Accident, suicide, or homicide? Dete of Injury	15. MAIOEN NAMP	
(Specify city or town, county and State)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Address)		(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Live Live Live Live Live Live Live Liv	18. BURIAL, CREMATION, OR REMOVAL	7
19. UNDERTAKER Se Birgel Clears 24. Was disaes or injury In any way related to occupation of dacaased? (Addrass) 20. FILED Sec. 26 1937 Mrs. N. O Secret (Signed) Millian M. M	(Addrass) Desition.	24. Was disaes or hjury in any way related to occupation of dacaased? If so, spacify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN	77		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2	20	m,	Ch	0
-1	2	6	3	Ex.
	-	-	43	19

	OF DEATH				159)	
Village o	Caroline r City Near residence in city or town	ede:	ralsbur	E(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. If of toreign birth? yrs mos.	Ward
2. FULL N	IAME Bal	by B	oy Cook		If U. S. Veteran, specify WAR	•••••
	ONAL AND STA				If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RA		5. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH December 1 193	7 Year)
(or) WIFE o		, Le	comher	1. 1937 -	22. I HEREBY CERTIFY, That i attended deceed the state of	19.2.2
7. AGE		nths	Deys	It LESS than I dey,hrs. ormin.	to heve occurred on the date stated above, et 9:30 m	a ot onsat
Work SAW 10. Dete dec this o year)	or business in which was done, es SILK MILL, BANK, etceesed lest worked at ccupation (month and		ocuu	me (yeers) it in this pation R.F.D.	Other Contributory Causes of Importance:	
(State or EMAN . E. I		lwar	d Cook			
(Stet	ACE (city or town). Fig. or country)	ader	alahurs Md.	, R.F.D.	Neme of operation Date of What test confirmed diagnosis? Wes there an autops	
	ACE (city or town)e or country) Mrs. C1	narl	en ichvill es E. L		23. If deeth was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	
18. BURIAL, CREI	MATION, OR REMOVAL ederalsbu	re,M	d Dete Dec	. 1,1937	Manner of injury	
19. UNDERTAKEF (Address) 20. FILED. De	Federals		g, "d.	n m ktom Registrar.	it so, specify (Signed) (Address) (Address)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
+ DEC 3 199	2			
Other contributory causes of importance: S.	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1.2 ug 2,1000	a devision to the second secon	1 geur	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County to aroline	Registration Dist. No. 65
Village or City Dentow	No. St., Ward
Length of residence In city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Wanting Norther Core	Chouse I U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23 , 198 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yeer)
(or) MIETO anna Conlbourn	22. OH HEREBY SERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (mortifi, day, and Jean) / 2 , 1864	liest sew h elive on Oac 27,187; deeth is said
7. AGE / Months Days If LESS than	to heve occurred on the date stated above, etAm.
73/ 5 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	//www Vegun dalus
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	
work was done, es SILK MILL	
10. Date decessed last worked at this occupation (month end spent in this	
yeer) occupation	Other Contributory Causes of Importence;
12. BIRTHPLACE (city or town) average	
(State or country)	
13. NAME Thos. Conlours 14. BIRTHPLACE (city or town) (State or country)	
4. BIRTHPLACE (city or town) (Stete or country)	Name of operation
- Sexual Co	What test confirmed diagnosis? Was there an autopsy?
I Sware of the control	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
0 0	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT Clara Controv	Specify whether injury occurred in INDUSTRY, III HOME, OF III FUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / List a del plus Date dec, 26,193/	Nature of injury
19. UNDERTAKER Virgil Moore	24. Was diseased injury in any way releted to occupation of deceased?
1100 - 37 M 11 11 9/2016	(Signed) Mens of Mules M. D.
20. FILED 1997 Programme Registrar.	(Address) Ceutin MM)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
015		
010	Attack of epilepsy	1 week ago
921	Run over by street car	1 week ago
5,1927	Perilonilis	3 days ago
	Other contributory causes of importance:	
1,1923	Gastroenteritis	1 year
	5,1927	Other contributory causes of importance:

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12798		
1. PLACE OF DEATH	93-2)		
County Casalque	Registration Dist. No. 66		
Village or City Redgely	No. St. Ward		
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds,		
2. FULL NAME Junes Jennel Junes	The state of the s		
10.11	If U. S. Veteran, specify WAR.		
(a) Residence: No. (Usyal place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Utile S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Secentles 23, 1937 (Month) (Day) (Year)		
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Land, Marchan Rousely	22. HEREBY CERTIFY, That I attended deceased from		
10. 0 10kg			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 7:0.5 P.m.		
80 8 12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence		
8 Trade profession or particular	were es follows: Julienosclerosci Jore		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et 11. Total time (years)	murorodite / your		
9. Industry or business in which work was done, as SILK MILL,			
SAW MILL, BANK, etc			
o this occupation (month and 30 spent in this occupation	4 0		
12. BIRTHPLACE (city or town) Kingely	Other Contributory Causes of Importance:		
(State or country) Conspiral Con Mile	Browles presiscoura 1, Vay		
13. NAME Lewell J. Coursey 14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)	Neme of operation Market programme Date of		
(State of country)	What test confirmed diegnosis final fund weightere en autopsy?		
15. MAIDEN NAME EMELY Dewis 16. BIRTHPLACE (city or town)	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following:		
O 16. BIRTHPLACE (city or town) (Stete or gountry)	Accident, sulcide, or homicide?		
17. INFORMANT Dourson hours and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) Redacky WA)			
18. BURIAL, CREMATION, OR REMOVAL Place Carellowell Mid Date Sec. 26, 1936	Menner of injury		
P B P	Neture of injury		
19. UNDERTAKER TO De audurgo (Address) Greens from md	24. Was disease or injury in any way related to occupation of deceased? M.O. If so, specify		
20. FILEDER 2 4, 1957 TW Davis. Registrar.	(Signed) M. D. (Address) Assalely Will		
· ·	2411 N. Charles Street, Baltimore, Requesting U. S. No. K		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroen teritis Gallstones 1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

1857 12 23

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	92
County Caralina	Registration Dist. No. 6.6
2. FULL NAME Thomas Louis (a) Residence: No. Rady wy Mad.	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosd lf U.S. Veteran, specify WAR
(Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sungal	21. DATE OF DEATH Lecenter 17, 1937 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceesed fro
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs ormin.	I last saw h 1 alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et this occupation (month end year)	Tound dead in wagon To suspicion of foul blays Other Contributory Causes of Importance: Weekstore Monguest recessory
13. NAME Alex Doors 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Consulta 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Vian Date Date 26, 19.3	Menner of Injury
19. UNDERTAKER P. B. Damburgo Md.	24. Was disease or injury pany pay releted to occupation of decessed? If so, specify A 6 Plumington ach Gorover
20. FILED DAK 20, 1937 / W Bairs. Registrar.	(Signed) Relyty Md. M.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SUKEAU	• ′			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN	V
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n of infor-	ould state	OCCUPA-	1
y iter	S sh	it of	1
RD. Ever	YSICIAN	statemen	
T NECO	Y. PH	Exact	
RMANEN'	XACTL	classified.	
IS A PE	stated E	properly	certificate.
HIS	be	he	jo:
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT NECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
IND HE	lly suppl	plain tern	. See ins
CATINLY, WI	ld be carefu	DEATH in 1	y important.
-WRITE PI	mation shou	CAUSE OF	TION is ver

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12800
1. PLACE OF DEATH	97)
County Garacine	Registration Dist. No. CeO
Village or City Hanausson	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Robert- Hanne Edge	
(a) Residence: No. Henderson Mid.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Water Messing	21. DATE OF DEATH (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Work Th. Eagle	22. I HEREBY CERTIFY. That I attended deceased from 1957, to 15 13 1937
6. DATE OF BIRTH (month, day, and year) 1-26-1858	I last saw h alive on / 2- / 3, 19.3.7_; daath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
9 Trade profession or particular	Orleges Felisases Date of onset
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Robert Edge	
13. NAME Loter Edgle 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of
15. MAIDEN NAME Suace	What tast confirmed diagnosis? Was there an autopsy? Was there are autopsy?
15. MAIDEN NAME See acce 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
17. INFORMANT Mus. Robert Edgler (Address) Leudenson And	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Lucustico Wd Date Dec. 16 , 1937	Manner of injury
19. UNDERTAKER R. Dy Rawlings and, (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, spacify
20. FILED 7/15/379 alsmitte	(Signad) R. Janest M. D. (Address) M. D. august L. M. D.
7.0	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee." "worker." "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attock of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUSEAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state AD. Every item of inforof OCCUPA-PHYSICIANS Exact statement should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Cauchine	Registration Dist. No. 6 6
Village or City Itelque M	nd No. St Wa
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in alty or town where death occur	urred
2. FULL NAME Samuel	Fibbs If U. S. Veteran, specify WAR
(a) Residence: No. Widgeley	Md, St., Ward.
4 4	sual place of abode) If nonresident give city or town and State
PERSONAL AND STATISTICAL P	PARTICULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGL	CLE, MARRIED, WIDOWED, DIVORCED (write the word) 21. DATE OF DEATH Cember 14 1937
mare B.	Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(or) WIFE of	22. HEREBY CERTIFY That I ettended deceased fr
3	1-1874 Liast saw h MM alive on New 1, 1937; death is s
DATE OF BIRTH (month, dey, and year)	Vito
14 16 111	I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
62 7 7	Ormin. were as follows: Date of one
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	lor HANDETONO
Andustry or business in which	2 Vagle value va
work wes done, as SILK MILL, SAW MILL, BANK, etc	Cerebral pemorrhage D-14
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. SHOULD BE	II. Total time (yeers)
year)	occupation
12, BIRTHPLACE (city or town) () Clester	Other Contributory Causes of importance:
(State or country)	
13. NAME Quelque	ille
13. NAME CHARLES (city or town)	Name of operation
(State or country) M A	What test confirmed diagnosis? Clessical Was there an autopsy?
15. MAIDEN NAME Marie 3	23. If death was due to external causes (VIOLENCE) fill in also the following:
IS RIPTURE ACE (situ or town)	Accident, suicide, or homicide? Date of Injury
16. BIRTHPLACE (city or town)	Where did injury occur?
Mariano	(Specify city or town, county and State)
7. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Near Redgely md Date &	Nature of injury
R. B. Roma	110
9. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
1- 111	(Signed) Will male
20. FILED NECE / 1, 19.3.7	Registrar. (Address 27 Gay At. Newton me
76	e needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago RIIKIAL Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor- state UPA-	The second secon	[A]
F \		H
should of	County a	
Every item of CIANS should ement of OCC	Village or City	re
NS Sut	Length of residence in city	y or tov
Eve IA] me	2. FULL NAME	es
RD. 1 YSIC state	(a) Residence: ND	9
CO PH let	PERSONAL ANI	DST
RY EX	3. SEX 4. COLOR	OR R
L'A	male 1.1	he
UNFADING INK—THIS IS A PERMANENT opplied. AGE should be stated EXACTLY terms, so that it may be properly classified. Instructions on back of certificate.	5a. If merried, widowed, or divor HUSBAND of (or) WIFE of	red Her
cla .		Ü
PE IJy ate.	6. DATE OF BIRTH (month, day, 7. AGE Years	end ye
A tted oper	78	14
IS star pro	8. Trede, profession, or par	rticuler
HIS be be of	kind of work done, e SAWYER, BOOKKEER	S SPIN
ould may back	9. Industry or business In work was done, as SI	which
Shou it min n ba	t)	tc
E sl	10. Date decessed last work this occupation (mon year)	th and
AGE That	7001)	2
NFADING pplied. AGH erms, so that instructions	12. BIRTHPLACE (city or town) - (State or country)	/
JNFA pplied terms, instru	13. NAME alex	an
Uppuppuppuppuppuppuppuppuppuppuppuppuppu	H 14. BIRTHPLACE (city or tow	
TH U ly sul lain t	(State or country)	VII)
	15. MAIDEN NAME	m
Z, are H in	16. BIRTHPLACE (city or tow	vn)
P od	O 16. BIRTHPLACE (city or tow (State or country)	.,
PDARYY, WI hould be careful OF DEATH in prery important.	17. INFORMANT MAS 7	202
Pl hou OF	(Address) 18. BURIAL, CREMATION, DR RE	MOVA
ITE nn sl SE I is	Place Green	a f
= = 00 h		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Careline	Registration Dist. No. 6/
Village or City Greensboro	Np. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Jeorge H. Kussell	If U. S. Veteran, specify WAR
(a) Residence: No. Greenstern Ml (Usual place of abode)	St., Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wildower	21. DATE OF DEATH (Month) (Dey) (Yer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Margaret D. Elleranger	22. I HEREBY CERTIFY, That I attended deceased from 1937, to Sec. 12 1937
6. DATE OF BIRTH (month, day, end year) Sept 1-1859	I last saw h and alive on Dec 12 ,1937; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 3:45 Pm.
78 3 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKETEPER atc	Data of one et
kind of work done, es SPINNER, Ptumber	Mondis meumo ma Dec 10
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
md-	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Charles have a file
13. NAME alexander Russec	Chroned Methods
13. NAME Alexander Russeel 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Marea of moein	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs Moren Edwards (Address) Greenstons, Mit	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Sec.	Manner of injury
Place Greens bow Date 13, 1937	Neture of injury
19. UNDERTAKER Mrs Reeph B Pritchett. (Address) Greenston	24. Wes disease or injury is any way releted to occupation of deceased?
20. FILED Lec 15, 1937 L. Mar Pipper. Registrar.	(Signed). (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	li li	Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

V. S. No. 1

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TION is very important. See instructions on back of certificate.

should state

of OCCUPA-

1. PLACE O		EC	F MAR	TLAND—	CERI	TFICATE	OF DE	AIH	12803
County	Caroline					10.1	Registratio	n Dist. No.	64
Village or	city Federa	alsh	urg		No			S	t.,War
Length of re	sidenca In city or town	whare o	faath occurrad	(16 yrs. 2 mos	death occurre	ed in a hospital or inst How long in U.S. I	titution, give its NA! If of foreign birth?	VE instead of stree	et and number)
	ME Willi					If U. S. Vetera			
	nce: No. Wood			ersey		Ward.		nl give cily or tow	vn. and State
PERSOI	NAL AND STA	TIST	CAL PARTIC	CULARS		MEDICAL	CERTIFICAT	E OF DEAT	тн
s. sex Male	4. COLOR OR RA	CE	5. SINGLE, MARR OR DIVORCED W1 d0	(write the word)	21. DAT	Dec	ember (Month)	23 (flex)	, 193.7
5a. If married, wido HUSBAND of (or) WIFE of		F.	Satchel	1	22.		1000		anded deceased fro
6. DATE OF BIRTH	(month, day, and yaar) 5	Sept. 3.	1870	I last saw	h_saliva on		4 23 ,19	death is sa
		nths	Days	If LESS than 1 day,hrs.		courrad on the data st			
6	7	3	50	ormin.	The PRIN	CIPAL CAUSE OF DE	ATH and related ca	uses of Importance	Dete of ons
9 Industry or work w SAW MI 10 Data decea this occ year)	ession, or particular work dona, as SPINN R, BOOKKEEPER, atc business in which as done, as SILK MILLL, BANK, etc sed last worked at upation (month and	27,	Railroad 11. Total tip 1937 occup	ne (yaars) tin this Life pation Life		June	nportanea:	inong	12/17
12. BIRTHPLACE (d (State or co			sex Coun aware	LL.Y					
13. NAME	Willia	m J	ames Sat	chell					
	E (city or town)	Dor	chester Marylan		Name of o	operation		Det	Plant of the second
15. MAIDEN N	AME Marth			Stevens		wes due to externel			
	CE (city or town) or country)		orcheste Maryla	r County nd	Accident,	suicide, or homicide?		Date of Injury	, 19
17. INFDRMANT (Address)			Hubbard urg, Mar		Specify w	hether Injury occurred	(Specity city d In INDUSTRY, in	or town, county as HDME, or in PUBL	nd Stele) LIC PLACE,
	odbury,				Mannar of	f Injury			
19. UNDERTAKER (Addrass)			nptom & urg, Mar		-1	sease or injury in any		upation of dacaase	ed? W
20 FILED Dec.	23 1937	2.2	. Framb	tom	(Sign	nad)	JN /	1-10/Cure	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

M. D.

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Example I		Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
V 2					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12804
1. PLACE OF DEATH .	93-0)
County Careline	Registration Dist. No. 64
Village or City Federalshurg	No. St., Ward
Length of residence in city or town where death occurred yrs. 4 mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Sarah M. Su	therland
(a) Residence: No. Iderabellurg	St., Ward.
(Usual place of aboute)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female white OR DIVORCED (write the word)	December 19 , 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. DI HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) De, 2, 1853	Hast saw her alive on Die 18 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated obove, at 9.30 Am.
84 — 17 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as fellows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bilatual 12/8/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	//3
10. Date deceased last worked at this occupation (month and year) spent in this year) 1237	
12. BIRTHPLACE (city or town) new Jederalsburg	Diher Contributory Causes of Importance: C Music C Muy Carolites
(State or country), maryland.	
Ε	Name of operation Mnu Date of
[14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Clem Cad Was there an autopsy? No
15. MAIDEN NAME Seal White	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) men Jedera Carry	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A. Kasler Scott (Address) Federalizing Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL O Dec 21, 1937	Manner of injury
Place Date Date AL, 1937	Natura of injury
19. UNDERTAKER	24. Was disease or Injury in any way related to occupation of deceased?/V
20. FILED Dice. 21, 1937 5.5 Fream tom Registrar.	(Signed) W. Server M. D. (Address) Fadurals ling md-
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
	Į.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12805
1. PLACE OF DEATH	
County Caroline	Registration Dist. No. 6 /
Village or City Lucustero	No. St Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME attalene C. Wiener,	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dee 30 193 7 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Lushur Weaver	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sau 31, 1860	i last saw her aive on Dee 30 1037; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et \(\sigma \alpha_m \).
77 11 30 1 day,his.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Liakeles Mellitus (1)
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month end G 3 6 spent in this year)	
O O	Other Contributory Causes of importance:
12. BIRTHPLACE(city or town) (State or country)	(exterio Pelestis Cardio - 121
" 13. NAME Thomas Cowney.	Naccelar Disease
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Whet test confirmed diegnosis? Cheeseal Was there an autopsy?
15. MAIDEN NAME Cersonfich Showburty.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Eugenfish Shewhart. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date oi Injury19
(State or country) Wed!	Where did injury occur?
17. INFORMANT GARDEN Cowsey.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Luciobato Md Date 20.31, 1937	Nature of injury
19. UNDERTAKER N. B. Rawlings.	24. Was disease of injury in any way related to occupetion of deceesed? Med
(Address) Acceration md,	If so, specify
20. FILED Ded, 31, 1937 L. Mar Paper	(Signed M, D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

PHYSICIANS should state Exact statement of OCCUPA-

ON is very important. See instructions on back of certificate.

1. PLACE OF DEATH	93.20
county Carryie	Registration Dist. No. 6 /
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
+	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas phules.	If U. S. Veteran, specify WAR
(a) Residence: No. Treuro Fro (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Male	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Clementine Wheeler,	21. I HEREBY CERTIFY, That I attended deceased from 15, 1937, to Dec. 18, 1937
6. DATE OF BIRTH (month, day, end year) Dec. 15, 186 2	/ last say heard elive on Acc 1837; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at . 5
73 - 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Aframba- Cassake
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end.	Offilerans and
10. Date deceased last worked et this occupation (month end year) (see 1936) the occupation occupation	Janjan
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:
(State or country)	Cherio Selestic Cardia.
II 13. NAME Vhomas Whele	Naccular Occase
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Terre Wes there an autopsy?
15. MAIDEN NAME / LIKEUSSUE ` 16. BIRTHPLACE (city or town)	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT William Thesler (Address) Luces too md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Del Date Dec. 2 2 1937	Manner of Injury
19. UNDERTAKER R. B. Rawlings. (Address) Grains Gran	24. Was disease or injury la may way related to occupation of deceased?
20. FILED Let 22, 1937 L. Mad Pippin	(Signed) half I freed M. D. (Address) Arees fore Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN	July 5,1927	Peritonitis	3 days ago
	1 2 V 33 o			
Other contributory ca	uses of importance:		Other contributory causes of importance:	1,44
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be stated EXACTLY. PHYSICIANS should shaw UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AUSE OF DEATH in plain terms, so that it may be ation should be carefully supplied. WRITE PL

V. S. No. 1

1. PLACE OF DEATH	TERTIFICATE OF DEATH
County Caroline	Registration Dist. No.
Village or City Length of residence in city or town where death occurred yrs	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Male	21. DATE OF DEATH / S 1937 (Year)
a. If married, widowed or divorced HUSBAND of (or) WIFE of Josefin Zures	22. I HEREBY CERTIFY, That I attended deceased from
S. DATE OF BIRTH (month, day, end year) AGE Years Months Gays If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	I last saw h alive on, 19; death is seld to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month and year)	Other Contributory Causes of importance:
13. NAME Macholas Zareo 14. BIRTHPLACE (city or town) 2 Cale	Name of operation. What test confirmed diagnosis? We sthere an europsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? ALCCULE Date of Injury 12/18, 193. 7 Where did injury occur? Alcculate Alculate No. 1
7. INFORMANT TO The City Toron Med 8. BURIAL, CREMATION, OR LEMOVAL TOWNSHIPS Med	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
9. UNDERTAKER A. B. Rajuliuso,	Manner of Injury Nature of Injury 24. Wes disease or injury In any way related to occupation of deceased?
0. FILEO 1 137 acs	15 so, specify Dhue Lephan Crows
Registrar. If more blanks are needed, address State Registrar.	(Addysss) Lallows Mar. 2411 N. Charles Street, Baltomore, Requesting V. S. No. 1.

STATE OF MADVIAND CEDTIFICATE OF DEATH

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Example 1	:	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN \$ 1938 .			
Other contributory causes of importance S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	